

CARAMBA SKILLS CAMP

To enable the Staff of Caramba Skills Camp and the Health Facilities in the area of the camp location to provide prompt care for your minor son or daughter, we must have a new completed Consent Form on file each year. This way, we can help your child without delay in an emergency.

Name of Minor: _____ Date of Birth: _____
Address: _____

DO NOT OMIT THIS INFORMATION:

Insurance Company: _____
Policy # or Group #: _____
Social Security # (if used by insurance company): _____

Medical Information:

Allergies: _____
Medication presently taking: _____
Date of Last Tetanus: _____
Past illness or other information that would be useful in the event that treatment is necessary: _____

Emergency Numbers:

Parent home: _____ Parent work: _____
Parent #1 cellular: _____ Parent #2 cellular: _____
A phone number to call if parents cannot be reached:
Name: _____ Relationship: _____ Phone: _____

Please check one of the following:

- I grant permission to the director, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment deemed necessary (including surgery, X-ray examinations and anesthesia to be rendered to said minor by a licensed physician, nurse).
- I authorize limited care as follows:

LIABILITY WAIVER

The undersigned parent or legal guardian and player hereby acknowledges that the game of soccer and its competition carries with it the potential risk of injury, and as such the undersigned hereby assumes the risk of such possible injury. Recognizing the possibility of physical injury associated with soccer and in consideration for Caramba Skills Camp accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or indemnify Caramba Skills Camp, its directors, coaches, sponsors, employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim, loss, damage or other disability, however characterized, by or on behalf of the registrant resulting from injury or damage to the person or property of the undersigned registrant, his or her parents or legal guardians, assigns or heirs, as a result of the registrant's participation, directly or indirectly, in the Programs and/or being transported to or from the same, with transportation I hereby authorize.

I, _____, declare that I am the Father/Mother/Guardian of the above named minor.
(Full name of parent or guardian) (circle correct title)

Signature of Parent or Guardian Date _____ Camp Location: _____

How did you find out about the camp?

___ Word of Mouth ___ Coach ___ Internet ___ Brochure ___ Field House Sports ___ Other: _____